1		PAIENI	APPLICA	TION FEE (DETERMINA	TION RECOR	of informatio	n unless it	u.s. UEPARTME displays a valid	OMB control end		
1	Switch for Form P10-875								Application of Dockel Number			
L		CL	AIMS AS FI	LED - PART				10 78	1,359			
L	. FOR		(Column 1)		(Column 2)	SMA	SMALL ENTITY		DR 1. O	THER THAI IALL ENTITI		
8/	SIC FEE		NUMBER FILED .		NUMBER EXTRA	RATE				- CHIII		
TO	TAL CLAIMS					11016	FEE		RATE	FIL		
IN	(37 CFR 1.16(c)) INDEPENDENT CLAIMS		minus 20 =			1,25	- S	· · ·	R	5		
(37	(37 CFR 1.16(b))		min	inz 3 = .		x <u>i 100</u>	-	- 0				
ML	MULTIPLE DEPENDENT CLAIM PRESENT . (37 CFR 1.16(d))							0	$x \times 2\alpha$	ي ا		
. "	* II the difference in column 1 is less than zero, enter "0" in column 2.						-	. Of	360)		
						TOTAL		OF	TOTAL	<u> </u>		
		COVIIVIS!	42 YWEND	ED-PARTI	1				STALE	L		
	ral	(Colum		(Column	(Column 3) Shanii	5	OF	OT//			
¥	3 24 0	CLA REMA	NING	HIGHES		JIVIALL	ENTITY	,	MAR IAMS	ER THAN L ENTITY		
AMENDMENT	1 14	AFT AMEND	ER I	PREVIOUS	LY EXTRA	RATE	ADDI- TIONAL		RATE			
§ Ø	Total (31 CFR 1.16(c))	. 00	Minu	PAID FOR	= /	1 -05	· FEE	_∫`		ADOI- TIONAL FEE		
E E	Independent (31 OFR 1.16(b))	4	Minu		=	x s 25 =	 	OR	x s 50 =			
¥	FIRST PRESE	HTATION OF W	ULTIPLE DEPE	DENT CLAIM (3:		x s 100=	ļ	OR	x s 20Q			
			+s_180=		OR	+5362	 					
						TOTAL ADO'L FEE		OR	TOTAL	·		
		. CLAIM		(Column 2	(Column 3)				ADO'L FEE	L		
m =	:	REMAIN	NG	HIGHEST NUMBER	PRESENT			7 .				
护	Total	AFTER		PREVIOUSL: PAID FOR	Y EXTRA	RATE	ADDI- TIONAL		RATE	ADDĬ		
٤١٤	ndependent	ļ	. Minus		= .	x s 25 =	FEE	· .		FEE		
AMENDMENT	37 CFR 1.16(6))		. · Minus	444	=	× s 100=		OR	× s <u>50</u> =			
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							OR	x s 200_			
								OR	+360			
		(Column t			1	ADD'L FEE		OR	ADD'L FEE			
		CLAIMS		(Column 2) HIGHEST	(Column 3)							
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	Total CFR 1.16(c)	•	Minus	PAID FOR	=	25	FEE			TIONAL		
50	dépendent CFR 1.16(b))	.•.	Minus	444 .	=	× s 25 =		OR	x s 50 =			
F	ST PRESENTA	ATION OF MUL	CIPLE DEPENDE	WTC 444		+ s 180 ₂		OR .	x s 2000			
								OR	360			
• (((he entry in co	lumn 1 is less	than the entry	la columa 3	ie "0" in column 3.	TOTAL ADO'L FEE		OR A	TOTAL NDD'L FEE			
(f (f	ne "Highes! N ne "Highes! N	lumber Previo Umber Previor	usly Paid For	M THIS SPACE IN THIS SPACE	ie "0" in column 3. is less than 20, en	ler *20*.		· · · ·	Socree [

The Highest Number Previously Paid For (NTHIS SPACE is less than 3, enter "3".

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.